

**CENTER FOR DRUG EVALUATION AND  
RESEARCH**

**APPLICATION NUMBER: 21-302**

**CHEMISTRY REVIEW(S)**

**DIVISION OF DERMATOLOGIC AND DENTAL DRUG PRODUCTS**  
Review of Chemistry, Manufacturing, and Controls

**NDA #:** 21-302

**CHEM.REVIEW #:** 1

**REVIEW DATE:** 11/01/01

<b><u>SUBMISSION/TYPE</u></b>	<b><u>DOCUMENT DATE</u></b>	<b><u>CDER DATE</u></b>	<b><u>ASSIGNED DATE</u></b>
ORIGINAL	12/15/00	12/19/00	12/20/00
AMENDMENT/BC	03/08/01	03/09/01	03/15/01
AMENDMENT/BC	05/21/01	05/21/01	05/22/01
AMENDMENT/BC	05/29/01	05/30/01	05/30/01
AMENDMENT/BL	06/19/01	06/21/01	06/21/01
AMENDMENT/BI	07/06/01	07/09/01	07/09/01
AMENDMENT/BC	07/12/01	07/13/01	07/17/01
AMENDMENT/BC	08/07/01	08/08/01	08/08/01

**NAME & ADDRESS OF APPLICANT:** Novartis Pharmaceutical Corporation  
59 Route 10  
East Hanover, New Jersey 07936-1080

**DRUG PRODUCT NAME**

<u>Proprietary:</u>	Elidel
<u>Nonproprietary/USAN:</u>	pimecrolimus
<u>Code Names/ #'s:</u>	ASM-981
<u>Chem.Type/Ther.Class:</u>	1 S

**ANDA Suitability Petition/DESI/Patent Status:**  
N/A [if applicable]

**PHARMACOL.CATEGORY/INDICATION:** Atopic Dermatitis

**DOSAGE FORM:** Cream

**STRENGTHS:** 1%

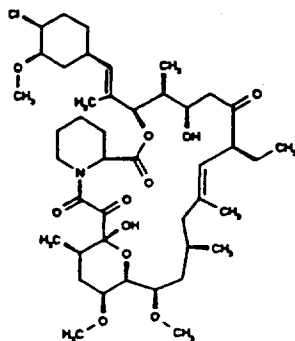
**ROUTE OF ADMINISTRATION:** Topical

**DISPENSED:** ☒ Rx ☐ OTC

**CHEMICAL NAME, STRUCTURAL FORMULA, MOLECULAR FORMULA,**

**APPEARS THIS WAY  
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NDA 21-302  
 Novartis Pharmaceuticals Corp.  
 Elidel Cream 1%



Molecular formula: C<sub>43</sub>H<sub>68</sub>ClNO<sub>11</sub>

Mol. Wt.: 810.47

Systematic Chemical Names:

**IUPAC**

(1R,9S,12S,13R,14S,17R,18E,21S,23S,24R,25S,27R)-12-[(1E)-2-[(1R,3R,4S)-4-chloro-3-methoxycyclohexyl]-1-methylvinyl]-17-ethyl-1,14-dihydroxy-23,25-dimethoxy-13,19,21,27-tetramethyl-11,28-dioxo-4-aza-tricyclo[22.3.1.0<sup>9,27</sup>]octacos-18-ene-2,3,10,16-tetraone

**CAS**

(3S,4R,5S,8R,9E,12S,14S,15R,16S,18R,19R,26aS)-3-[(1E)-2-[(1R,3R,4S)-4-chloro-3-methoxycyclohexyl]-1-methylethenyl]-8-ethyl-5,6,8,11,12,13,14,15,16,17,18,19,24,25,26,26a-hexadecahydro-5,19-dihydroxy-14,16-dimethoxy-4,10,12,18-tetramethyl-15,19-epoxy-3H-pyrido[2,1-c][1,4]oxaazacyclotricosine-1,7,20,21(4H,23H)-tetrone (9CI)

**2.1.2. Other names**

[3S-3R\*[E(1S\*,3S\*,4R\*)],4S\*,5R\*,8S\*,9E,12R\*,14R\*,15S\*,16R\*,18S\*,19S\*,26aR\*]]-3-[2-(4-chloro-3-methoxycyclohexyl)-1-methylethenyl]-8-ethyl-5,6,8,11,12,13,14,15,16,17,18,19,24,25,26,26a-hexadecahydro-5,19-dihydroxy-14,16-dimethoxy-4,10,12,18-tetramethyl-15,19-epoxy-3H-pyrido[2,1-c][1,4]oxaazacyclotricosine-1,7,20,21(4H,23H)-tetrone

33-epi-chloro-33-desoxyascomycin

Table 3

**DMF INFORMATION**

DMF #	DMF Holder	TYPE	LOA Date	Date Of Last Review
—	[ ]	II	16-Nov-00	See microbiology review, 5/30/01
—	[ ]	III	14-Nov-00	2/14/01

NDA 21-302  
Novartis Pharmaceuticals Corp.  
Elidel Cream 1%

DMF #	DMF Holder	TYPE	LOA Date	Date Of Last Review
	[ ]			
—	[ ]	III	28-Nov-00	None
—	[ ] Polypropylene cap	III	17-Nov-00	2/20/01
—	[ ]	III	17-Nov-00	2/23/01

**RELATED DOCUMENTS (if applicable):**

IND — (ASM 981 Cream 1% for Atopic Dermatitis), Novartis Pharmaceutical Corporation

IND —

IND —

IND —

**CONSULTS:**

- (1) The project manager requested a microbiology consult on 1/30/01 to review microbial limit test (see Vol. 1.4; pg. 4-193). This issue was addressed in the 5/30/01 microbiology review.
- (2) Chemist requested additional microbiology consult on 2/26/01 to review the — of the starting material, — [see DMF — and — manufacturing process in the subject NDA (Vol. 1.3; pg. 4-122)] Microbiology review was completed on 5/30/01.

**REMARKS/COMMENTS:**

The applicant submitted a New Drug Application for Elidel Cream 1% for the treatment of Atopic Dermatitis. This NDA has 1S classification. A comprehensive description of the CMC information was submitted for this drug product in support of this NDA.

NDA 21-302  
Novartis Pharmaceuticals Corp.  
Elidel Cream 1%

Even though the CMC information was comprehensive, deficiencies were observed for both drug substance and drug product. These deficiencies were in the areas of manufacturing, packaging, specifications, and stability (see chemist review notes below). Having said this, the drug substance deficiencies have been corrected; see amendment dated 5/21/01 below. The drug product deficiencies remained open.

Furthermore, the applicant submitted additional amendments to update the NDA. These amendments were reviewed and are summarized as follows:

- Amendment/BC dated 3/8/01- Provided additional information requested by the FDA on 1/23/01 regarding the ~~the~~ forms of pimecrolimus drug substance; see review notes below
- Amendment/BC dated 5/21/01- provided additional information requested by FDA's IR letter dated 5/3/01 regarding CMC deficiencies found in the drug substance; see review notes below
- Amendment/BC dated 5/29/01- provided replacement documentation for inclusion to more accurately represent the manufacturing process that is presently being used to manufacture pimecrolimus drug substance; see review notes below
- Amendment/BL dated 06/19/01- provided revised draft labeling for the package insert and the latest color representation of carton and container labeling; see review notes
- Amendment/BI dated 07/06/01- provided information as requested by the microbiologist (see Microbiologist Review dated 5/30/01).
- Amendment/BC dated 07/12/01- provided additional stability data to support the proposed 24-month expiration date.
- Amendment/BC dated 08/07/01- provided batch analysis documentation as the result of a GMP inspection that took place on July 2-4, 2001, whereby the inspector requested this information.

Methods Validation is pending; to be initiated as soon as possible.

EER was found acceptable on 9/14/01 for the facilities as listed below.

NDA 21-302  
Novartis Pharmaceuticals Corp.  
Elidel Cream 1%

**CONCLUSIONS & RECOMMENDATIONS:**

The NDA is found approvable from a manufacturing and controls standpoint. However, minor deficiencies in the CMCs have been observed in the drug product. These CMC deficiencies were communicated to the applicant by fax on 10/24/01.

Ernest G. Pappas

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Review Chemist

cc: Orig. NDA 21-302  
HFD-540/Division File  
HFD-540/Pappas  
HFD-540/MO/Cook  
HFD-540/Pharm/Hill  
HFD-540/Micro  
HFD-540/PM/Wright  
R/D Init by: Team Leader

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this page is the manifestation of the electronic signature.**  
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/s/  
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Ernest G. Pappas

11/1/01 11:59:48 AM

CHEMIST

I have completed my chemistry review and I am recommending approval.

Wilson H. DeCamp

11/1/01 12:05:36 PM

CHEMIST

concur with review

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**NDA 21-302**

**Elidel (pimecrolimus) Cream 1%**

**Novartis Pharmaceutical Corporation**

**Ernest G. Pappas**  
**Division of Dermatological and Dental Drug Products**

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# Table of Contents

<b>Table of Contents .....</b>	<b>2</b>
<b>Chemistry Review Data Sheet.....</b>	<b>4</b>
<b>The Executive Summary.....</b>	<b>9</b>
<b>I. Recommendations .....</b>	<b>9</b>
A. Recommendation and Conclusion on Approvability .....	9
B. Recommendation on Phase 4 (Post-Marketing) Commitments, Agreements, and/or Risk Management Steps, if Approvable .....	9
<b>II. Summary of Chemistry Assessments.....</b>	<b>9</b>
A. Description of the Drug Product(s) and Drug Substance(s) .....	9
B. Description of How the Drug Product is Intended to be Used.....	11
C. Basis for Approvability or Not-Approval Recommendation .....	11
<b>III. Administrative.....</b>	<b>12</b>
A. Reviewer's Signature.....	12
B. Endorsement Block.....	12
C. CC Block.....	12

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III. INVESTIGATIONAL FORMULATIONS .....	18
IV. ENVIRONMENTAL ASSESSMENT.....	18
V. METHODS VALIDATION.....	18
VI. LABELING.....	18
VII. ESTABLISHMENT INSPECTION.....	19
VIII. DRAFT DEFICIENCY LETTER .....	21

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# Chemistry Review Data Sheet

1. NDA 21-302
2. Review #: 2
3. REVIEW DATE: 11/28/01
4. REVIEWER:  
Ernest G. Pappas
5. PREVIOUS DOCUMENTS:

Previous Documents

Original

Amendment (BC)

Amendment (BC)

Amendment (BC)

Amendment (BL)

Amendment (BI)

Amendment (BC)

Amendment (BC)

Telecon/Fax (IR)

Document Date

15-Dec-2000

08-Mar-2001

21-May-2001

29-May-2001

19-Jun-2001

06-Jul-2001

12-Jul-2001

07-Aug-2001

24-Oct-2001

6. SUBMISSION (S) BEING REVIEWED:

Submission(s) Reviewed

Amendment (BC)

Document Date

01-Nov-2001

7. NAME & ADDRESS OF APPLICANT:

Name: Novartis Pharmaceutical Corporation

Address: 59 Route 10  
East Hanover, New Jersey 07936-1080

Representative: Ms Sheryl LeRoy



## CHEMISTRY REVIEW



### Chemistry Review Data Sheet

Telephone: (973) 781-2735

**8. DRUG PRODUCT NAME/CODE/TYPE:**

a) Proprietary Name:	Elidel
b) Non-Proprietary Name (USAN):	pimecrolimus
c) Code Name/# (ONDC only):	ASM-981
d) Chem. Type/Submission Priority (ONDC only):	
• Chem. Type: 1	
• Submission Priority: S	

**9. LEGAL BASIS FOR SUBMISSION: 505(b)(1)**

**10. PHARMACOL. CATEGORY: Atopic Dermatitis**

**11. DOSAGE FORM: CREAM**

**12. STRENGTH/POTENCY: 1%**

**13. ROUTE OF ADMINISTRATION: Topical**

**14. Rx/OTC DISPENSED: ☒ Rx    ☐ OTC**

**15. SPOTS (SPECIAL PRODUCTS ON-LINE TRACKING SYSTEM)[Note26]:**

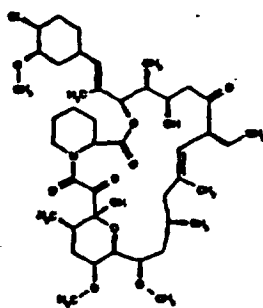
☐ SPOTS product – Form Completed

☒ Not a SPOTS product

**16. CHEMICAL NAME, STRUCTURAL FORMULA, MOLECULAR FORMULA, MOLECULAR WEIGHT:**

**APPEARS THIS WAY  
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## Chemistry Review Data Sheet



Molecular formula:  $C_{43}H_{68}ClNO_{11}$

Mol. Wt.: 810.47

Systematic Chemical Names:

**IUPAC**

(1R,9S,12S,13R,14S,17R,18E,21S,23S,24R,25S,27R)-12-[(1E)-2-[(1R,3R,4S)-4-chloro-3-methoxycyclohexyl]-1-methylvinyl]-17-ethyl-1,14-dihydroxy-23,25-dimethoxy-13,19,21,27-tetramethyl-11,28-dioxo-4-aza-tricyclo[22.3.1.0<sup>25,26</sup>]octace-18-ene-2,3,10,16-tetrone

**CAS**

(3S,4R,5S,8R,9E,12S,14S,15R,16S,18R,19R,26aS)-3-[(1E)-2-[(1R,3R,4S)-4-chloro-3-methoxycyclohexyl]-1-methylethenyl]-8-ethyl-5,6,8,11,12,13,14,15,16,17,18,19,24,25,26,26a-hexadecahydro-5,19-dihydroxy-14,16-dimethoxy-4,10,12,18-tetramethyl-15,19-epoxy-3H-pyrido[2,1-c][1,4]oxazacyclotricosine-1,7,20,21(4H,23H)-tetrone (9CI)

### 2.1.2. Other names

[3S-3R\*[E(1S\*,3S\*,4R\*)],4S\*,5R\*,8S\*,9E,12R\*,14R\*,15S\*,16R\*,18S\*,19S\*,26aR\*]]-3-[2-(4-chloro-3-methoxycyclohexyl)-1-methylethenyl]-8-ethyl-5,6,8,11,12,13,14,15,16,17,18,19,24,25,26,26a-hexadecahydro-5,19-dihydroxy-14,16-dimethoxy-4,10,12,18-tetramethyl-15,19-epoxy-3H-pyrido[2,1-c][1,4]oxazacyclotricosine-1,7,20,21(4H,23H)-tetrone

33-epi-chloro-33-desoxyascomycin

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Chemistry Review Data Sheet

17. RELATED/SUPPORTING DOCUMENTS:

A. DMFs:

DMF #	TYPE	HOLDER	ITEM REFERENCED	CODE <sup>1</sup>	STATUS <sup>2</sup>	DATE REVIEW COMPLETED	COMMENTS
—	III	[ ]	Polypropylene caps	3	Adequate	20-Feb-2001	
—	III	[ ]		3	Adequate	23-Feb-2001	
—	III	[ ]		1	Inadequate	None	IR letter being drafted - CMC deficiencies
—	III	[ ]		3	Adequate	14-Feb-2001	
—	II	[ ]		1	Adequate	30-May-2001	

<sup>1</sup> Action codes for DMF Table:

1 – DMF Reviewed.

Other codes indicate why the DMF was not reviewed, as follows:

2 – Type 1 DMF

3 – Reviewed previously and no revision since last review

4 – Sufficient information in application

5 – Authority to reference not granted

6 – DMF not available

7 – Other (explain under "Comments")

<sup>2</sup> Adequate, Inadequate, or N/A (There is enough data in the application, therefore the DMF did not need to be reviewed)

B. Other Documents: (related)

DOCUMENT	APPLICATION NUMBER	DESCRIPTION
IND	—	ASM 981 Cream 1% for Atopic Dermatitis
IND	—	[ ]
IND	—	[ ]
IND	—	[ ]



## CHEMISTRY REVIEW



### Chemistry Review Data Sheet

#### 18. STATUS:

CONSULTS/ CMC RELATED REVIEWS	RECOMMENDATION	DATE	REVIEWER
Microbiology	Acceptable	31-Oct-2001	Langille
EES	Acceptable	27-Aug-2001	Ambrogio
Methods Validation	Sent to _____ _____ Laboratory; results pending	07-Nov-2001	Pappas

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# The Chemistry Review for NDA 21-307

## The Executive Summary

### I. Recommendations

#### A. Recommendation and Conclusion on Approvability

This NDA can be approved from a Chemistry standpoint.

#### B. Recommendation on Phase 4 (Post-Marketing) Commitments, Agreements, and/or Risk Management Steps, if approvable

None

### II. Summary of Chemistry Assessments

#### A. Description of the Drug Product(s) and Drug Substance(s)

##### (1) Drug Product:

The drug product, Elidel (pimecrolimus) Cream 1%, is packaged in \_\_\_\_\_ tubes with a white, propylene, piercing screw cap. This drug product was submitted as an NME since the active pharmaceutical was first of its class in this country for the treatment of atopic dermatitis. This NDA has a 1S classification.

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The applicant proposed a 24-month expiration date for the product to be marketed in 15 g, 30 g, and 100 g tubes. Acceptable stability data were submitted to support the proposed expiration date. In this regard, a 24-month expiry date has been granted for the finished product.

The tradename, Elidel, has been found acceptable by OPDRA. This labeling information, as well as the labels of the container and carton, is acceptable from a technical standpoint. The storage condition of 25° C (77° F), with excursions permitted between 15° C-30° C (59° F-86° F) and "Do not freeze" statement has found to be appropriate for the Elidel Cream 1%.

The labeling was reviewed and found acceptable by DDMAC.

Establishment Inspection: All facilities, as indicated in the NDA, were found acceptable for CGMPs. An overall recommendation of approvable was received from the Office of Compliance on 28-Aug-2001.

Environmental Assessment: The applicant's claim of categorical exclusion under regulation 21 CFR 25.31 (b) is acceptable since the EIC projection was found to be at a level well below 1 ppb.

**(2) Drug Substance:**

The drug substance, pimecrolimus, is an NME. The manufacture of pimecrolimus API consists of \_\_\_\_\_ In this regard, starting material \_\_\_\_\_ results from \_\_\_\_\_. This \_\_\_\_\_ process has been found to be acceptable (see Micro Review dated 31-Oct-2001). The synthesis and purification of the \_\_\_\_\_ pimecrolimus was adequately described in the NDA (see chemistry review #1, pg. 29).

The structure and physicochemical characteristic are adequately described in the NDA to assure the identity, strength, quality and purity of the pimecrolimus API.

Pimecrolimus is essentially insoluble in water. It is highly soluble in various alcohols, \_\_\_\_\_ It is somewhat less soluble in less hydrophilic solvents. \_\_\_\_\_

**B. Description of How the Drug Product is Intended to be Used**

The drug product is to be administered topically as anti-infective agent for the treatment of atopic dermatitis.

**C. Basis for Approvability or Not-Approval Recommendation**

The manufacturing and controls as identified above are sufficient to assure the consistent identity, strength, quality and purity of the drug.

**Executive Summary Section****III. Administrative**

**A. Reviewer's Signature**

**B. Endorsement Block**

**C. CC Block**

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**III. INVESTIGATIONAL FORMULATIONS**

Acceptable per Chemistry review #1, 01-Nov-2001

**IV. ENVIRONMENTAL ASSESSMENT**

Acceptable per Chemistry review #1, 01-Nov-2001

**V. METHODS VALIDATION**

Methods validation packages were sent the  Laboratories on 11-Nov-2001.  
Waiting validation report.

**VI. LABELING**

Acceptable per Chemistry review #1, 01-Nov-2001

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## CHEMISTRY REVIEW



### Chemistry Assessment Section

## VII. ESTABLISHMENT INSPECTION

Application: NDA 21302/000 Priority: 1S Org Code: 540  
Stamp: 15-DEC-2000 Regulatory Due: 15-OCT-2001 Action Goal: District Goal:  
16-AUG-2001

Applicant: NOVARTIS PHARMACEUTICALS CO Brand Name: ELIDEL (PIMECROLIMUS) CREAM

NO CITY, XX

Established Name:  
Generic Name: PIMECROLIMUS  
Dosage Form: CRM (CREAM)  
Strength: 1%  
301-827-2020, Project Manager  
301-827-2066, Review Chemist  
301-827-2041, Team Leader

FDA Contacts: M. WRIGHT (HFD-540)  
E. PAPPAS (HFD-540)  
W. DECAMP II (HFD-540)

#### Overall Recommendation:

ACCEPTABLE on 27-AUG-2001 by J. D AMBROGIO (HFD-324) 301-827-0062

Establishment:

DMF No: \_\_\_\_\_  
AADA No: \_\_\_\_\_

Profile: CFN OAI Status: NONE  
Last Milestone: OC RECOMMENDATION  
Milestone Date: 26-JAN-2001  
Decision: ACCEPTABLE  
Reason: DISTRICT RECOMMENDATION  
Establishment: 9617734  
NOVARTIS PHARMA GmbH  
OEFLINGER STRASSE 44  
WEHR, BADEN, GM D-79664

Responsibilities: \_\_\_\_\_

Profile: OIN OAI Status: NONE  
Last Milestone: OC RECOMMENDATION  
Milestone Date: 24-AUG-2001  
Decision: ACCEPTABLE  
Reason: DISTRICT RECOMMENDATION  
Establishment: 9692043  
NOVARTIS PHARMA INC (CIBA)  
SCHAFHAUSERSTRASSE  
CH-4332 STEIN, SZ

DMF No:  
AADA No:

Responsibilities: FINISHED DOSAGE  
MANUFACTURER  
FINISHED DOSAGE PACKAGER

Profile: CRU OAI Status: NONE  
Last Milestone: OC RECOMMENDATION  
Milestone Date: 02-AUG-2001

Responsibilities: DRUG SUBSTANCE

FINISHED DOSAGE RELEASE  
TESTER

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Chemistry Assessment Section

Decision: ACCEPTABLE  
Reason: DISTRICT RECOMMENDATION  
Profile: CTL OAI Status: NONE  
Last Milestone: OC RECOMMENDATION  
Milestone Date: 02-AUG-2001  
Decision: ACCEPTABLE  
Reason: DISTRICT RECOMMENDATION  
Establishment: 9611204  
NOVARTIS PHARMA INC (SANDOZ)  
LICHSTRASSE 35, ST. JOHANN SITE  
BASEL, SZ 4002

DMF No:  
AADA No:

Profile: CRU OAI Status: NONE  
Last Milestone: OC RECOMMENDATION  
Milestone Date: 02-AUG-2001

Responsibilities: DRUG SUBSTANCE  
MANUFACTURER  
FINISHED DOSAGE RELEASE

TESTER

Decision: ACCEPTABLE  
Reason: DISTRICT RECOMMENDATION  
Profile: CTL OAI Status: NONE  
Last Milestone: OC RECOMMENDATION  
Milestone Date: 02-AUG-2001  
Decision: ACCEPTABLE  
Reason: DISTRICT RECOMMENDATION  
Establishment: 9612715  
NOVARTIS PHARMA INC (SANDOZ)  
RINGASKIDDY/CORK, RINGASKIDD

DMF No:  
AADA No:

Profile: CTL OAI Status: NONE  
RELEASE  
Last Milestone: OC RECOMMENDATION  
Milestone Date: 25-JAN-2001  
Decision: ACCEPTABLE  
Reason: DISTRICT RECOMMENDATION  
Establishment: 9614433  
NOVARTIS PHARMANALYTICA SA  
LOCARNO, SZ

Responsibilities: DRUG SUBSTANCE

TESTER

DMF No:  
AADA No:

Profile: CTL OAI Status: NONE  
Last Milestone: OC RECOMMENDATION

Responsibilities: DRUG SUBSTANCE STABILITY  
TESTER

Milestone Date: 11-JAN-2001  
Decision: ACCEPTABLE  
Reason: BASED ON PROFILE  
Establishment:

DMF No:  
AADA No:

Profile: OIN OAI Status: NONE  
Last Milestone: OC RECOMMENDATION  
Milestone Date: 07-FEB-2001  
Decision: ACCEPTABLE  
Reason: DISTRICT RECOMMENDATION  
Establishment:

Responsibilities: \_\_\_\_\_

DMF No:  
AADA No:

Profile: CTL OAI Status: NONE

Responsibilities: \_\_\_\_\_

**Chemistry Assessment Section**

Last Milestone:      **OC RECOMMENDATION**

Milestone Date:    **18-APR-2001**

Decision:      **ACCEPTABLE**

Reason:        **DISTRICT RECOMMENDATION**

**VIII. DRAFT DEFICIENCY LETTER**

Not applicable

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this page is the manifestation of the electronic signature.

/s/

Ernest G. Pappas  
12/6/01 08:30:04 AM  
CHEMIST  
recommend approval

Wilson H. DeCamp  
12/6/01 08:32:28 AM  
CHEMIST  
concur with review

APPEARS THIS WAY  
ON ORIGINAL